EPA Notification Hazardous Waste Site

United States Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Compre-hensive Environmental Response, Compen-paper. Indicate the letter of the item sation, and Liability Act of 1980 and must

A

B

D

EPA Form 8900-1

Please type or print in ink. If you need which applies.

NJS 000 00/088

• 8 JUN 1	1981		870000		
Person Required to Notify:		Name - Azoplate, Div. of American Hoechst Corp.			
Enter the name and address of the person or organization required to notify.					
		Street 50 Meist	cer Avenue		
		City Somervil	Lle State NJ Zip Code 08876		
Site Location:		TECHNICAL	INFO. SYS. DIV.		
Enter the common name (if known) and actual location of the site. NJD056705429		Name of Site Azoplate, Div. of American Hoechst Corp.			
		Street	cral Avenue (New Providence)		
		City Murray H	Hill _{County} Union State NJ Zip Code 07974		
Person to Contact:			The latest and the second seco		
Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.		Name (Last, First and Title) Brubaker, Arnold R.			
		Phone Mgr., Er	nvironmental Services (201) 685-2046		
Dates of Waste Handling:	25				
Enter the years that you estimate waste		From (Year) 1964	To (Year) 1975		
treatment, storage, or disposal b ended at the site.	egan and	From (rear)	10 (teal) 10 (teal)		
Se praced car	21				
and a second	-61	WASTE TAN			
Waste Type: Choose the opti	ion you pre	efer to complete			
Option I: Select general waste t you do not know the general wa encouraged to describe the site General Type of Waste:	iste types or in Item I—D	sources, you are escription of Site.	Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 300 regulations (40 CFR Part 261). Specific Type of Waste:		
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.	Source of Waste: Place an X in the appropriate boxes.		EPA has assigned a four-digit number to each hazardous was listed in the regulations under Section 3001 of RCRA. Enter t appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site located.		
1. Organics	1. 🗆 Mir	ning	located.		
2. Inorganics	2. 🗆 Cor	nstruction	AND THE RESERVE THE PROPERTY OF THE PROPERTY O		
3. Solvents	3. □ Tex				
4. ☐ Pesticides	4. ☐ Fer				
5. ☐ Heavy metals		per/Printing			
6. □ Acids		ather Tanning			
7. Bases		n/Steel Foundry			
8. PCBs		emical, General			
9. ☐ Mixed Municipal Waste		ting/Polishing			
10. Unknown		litary/Ammunition			
11. ☑ Other (Specify) Phenolic Resins,		ctrical Conductors			
Diazo Compounds.)					
300		lity Companies nitary/Refuse			
A SACON DESCRIPTION OF THE PARTY OF THE PART	15. D Pho				
marray and The Land					
	17. 🗆 Un	/Hospital			
		ner (Specify)			
		ting Plate,			
		oresist			
Form Approved		facture) 4 to	277776		
OMB No. 2000-0138	ranul	Lacture / 4 00			

	Notification of Hazardous Wast	Side Two	The second state of the se	ACTIO			
F	Waste Quantity:	Facility Type	Total Facility Waste Amount	t A A A			
	Place an X in the appropriate boxes to	1. □ Piles	cubic feet				
	indicate the facility types found at the site.	2. Land Treatment	gallons 7000 6	Isminizari			
	In the "total facility waste amount" space give the estimated combined quantity	3. Landfill	у навравы, экпорам встенате	DE CARELIER			
	(volume) of hazardous wastes at the site using cubic feet or gallons.	4. ☑ Tanks 5. ☐ Impoundment	Total Facility Area				
	In the "total facility area" space, give the	6. ☐ Underground Injection	square feet 234 \$\sqrt{S}\$				
	estimated area size which the facilities	7. Drums, Above Ground	acres	acres			
	occupy using square feet or acres.	8. Drums, Below Ground	Amost or paulibart ripsig.				
		9. Other (Specify)	F negret on the seemble on series	Estar the c			
G	Known, Suspected or Likely Releases to the Environment:						
	Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment. □ Known □ Suspected □ Likely ☒ None						
	Note: Items Hand I are optional. Completing hazardous waste sites. Although completing	these items will assist EPA and State the items is not required, you are en	and local governments in locating couraged to do so.	and assessing			
Н	Sketch Map of Site Location: (Optional)						
	Sketch a map showing streets, highways,	CENTR	AL AVE.	KITLA			
	routes or other prominent landmarks near the site. Place an X on the map to indicate		Speries	os mostos			
	the site location. Draw an arrow showing	one purification and the second	bne deloscitore () sind em p	Enter Hay			
	the direction north. You may substitute a publishing map showing the site location.	dentinestrate Amilia	a boare of the person	S			
			mot sint to	I			
			NO,	Sout			
		NORTH	1 558	Q			
		Lander and the second	ears that you sittingto wasse.	Enter tire y			
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		WASTE TH	WASTE	TANKS			
			per Chees the option you mate				
	4188 to 3 8 (3 (cription of Sign	layow the general westernyons on so a to describe the sale in Item I—Dos	ensourage and			
1	Description of Site: (Optional)	(m)	(to prince 2				
	Describe the history and present		erground waste solven				
	conditions of the site. Give directions to the site and describe any nearby wells,		sting building; 2-3,0 ast corner and 1-1,00				
	springs, lakes, or housing. Include such information as how waste was disposed	tank at the southwe	st corner. Tanks wer	e used			
	and where the waste came from. Provide		lvent which was perio				
	any other information or comments which may help describe the site conditions.		ed waste disposal com				
			aste non-chlorinated				
			esins, some diazo com dispose of this wast				
			ulations. There is a				
			small stream and some				
		adjacent to the pro	perty.)				
			ad Mainicipal Waste 9, © Plauli				
		v Companies	THE COURT OF THE PARTY OF THE P				
J	Signature and Title:	ary/Refuse					
	The person or authorized representative	Name ARNOLD R. BA	CUBAKER, MGRE Owne	ar Present			
	(such as plant managers, superintendents, trustees or attorneys) of persons required	Hospital	□ Owne				
		Street	ortica to a f				
	in item A). For other persons providing	City State	□ Opera	ator, Present			
	notification, the signature is optional. Check the boxes which best describe the	State State		ator, Past			
	relationship to the site of the person	Will be a	□ Other	AND A SECTION			
	required to notify. If you are not required to notify check "Other".	Signature W Stubble	Date 2 unl 1981				